



1AP87

JAN 08 2007

Attorney's Docket No.: 42P8917D

Patent

In re the Application of: Kahn et al.

(inventor(s))

Application No.: 10/628,990

Filed: July 28, 2003

For: ADAPTIVE THROTTLING OF MEMORY ACCESESSES, SUCH AS THROTTLING RDRAM ACCESESSES
IN A REAL-TIME SYSTEM

(title)

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

SIR: Transmitted herewith is a Response for the above-referenced application.

Applicant claims small entity status. See 37 CFR 1.27.

No additional claim fee is required.

The fee has been calculated as shown below:

| | (Col. 1) | | (Col. 2) | | (Col. 3) | | SMALL ENTITY | OTHER THAN A SMALL ENTITY |
|--|-----------------------------------|-------|---------------------------------------|--|------------------|-------------------|--------------|------------------------------|
| | Claims Remaining After Amd. | | Highest No. Previously Paid For | | Present Extra | | Rate | Additional Fee |
| Total Claims | * 29 | Minus | ** 29 | | 0 | | X25 | \$ |
| First Presentation of Multiple Dependent Claim(s) | | | | | | | | |
| Indep. Claims | * 5 | Minus | *** 5 | | 0 | | X100 | \$ |
| | | | | | | | +180 | \$ |
| | | | | | | Total Add. Fee | \$ | Total Add. Fee |
| | | | | | | | | \$ 0 |

* If the entry in Col. 1 is less than the entry In Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS
SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this
space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number
found from the equivalent box in Col. 1 of a prior amendment or the number of claims
originally filed.

FIRST CLASS CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail
with sufficient postage in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450

on January 3, 2007
Date of Deposit

Yuko Tanaka

Name of Person Mailing Correspondence

Y. Tanaka

Signature

Jan. 3, 2007

Date

A check in the amount of \$_____ is attached for presentation of additional claim(s).

Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to 37 C.F.R. § 1.136(a).

A check for \$_____ is attached for processing fees under 37 C.F.R. § 1.17.

Please charge my Deposit Account No. 02-2666 the amount of \$_____.

A duplicate copy of this sheet is enclosed.

The Under Secretary of Commerce for Intellectual Property and Director of the United States Patent and Trademark Office is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2666 (**a duplicate copy of this sheet is enclosed**):

Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims.

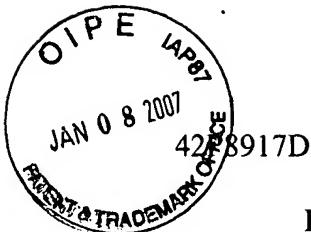
Any extension or petition fees under 37 C.F.R. § 1.17.

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

Date: 1/3/2007

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Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Kahn et al.) Examiner: McLean-Mayo, K. N.
Serial No.: 10/628,990) Art Unit: 2187
Filing Date: July 28, 2003)
For: ADAPTIVE THROTTLING OF MEMORY)
ACCESSES, SUCH AS THROTTLING)
RDRAM ACCESSES IN A REAL-TIME)
SYSTEM)

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE UNDER 37 C.F.R. §1.111

Sir:

In response to the Office Action mailed October 17, 2006, the Applicants submit the following Amendment and Remarks. A Claim Listing begins on page 2 of this paper. Remarks begin on page 12 of this paper. Applicants respectfully request that the Examiner reconsider the Application.

It is not believed that extensions of time are required beyond those that may otherwise be provided for in documents accompanying this paper. However, if additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. §1.136(a), and any fees required therefore are hereby authorized to be charged to Deposit Account No. 02-2666. Please credit any overpayment to the same deposit account.

Kindly consider the following Remarks.